

Ryan White Part B **Vision Care Policy**

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Vision Policy of Tennessee

Program Description:

United Way of Greater Nashville (UWGN), the Statewide Lead Agent, has received funding through a contractual relationship with Tennessee Department of Health (TDH) to administer the provisions of healthy vision services for people living with HIV/AIDS (PLWHA) who do not have adequate means to secure and finance

vision care. The services are provided to people living with HIV/AIDS with the following two goals:

- Provide access to a comprehensive eye exam to diagnose eye health issues.
- Provide corrective lenses/fitted spectacle lenses

Individual clients are approved to receive services during the Part B grant year (beginning on April 1 and ending on March 31 of the following year) based on availability of funding. Individuals participating in the program are capped at the level of service (not to exceed \$250.00) prescribed in the treatment plan submitted by the optometrist or ophthalmologist and approved by the Lead Agent.

The services provided by this grant do not include emergency services, eye surgery, or any other eye care procedure beyond a comprehensive eye exam and fitted spectacle lenses. Eligibility for vision services is limited to one grant year. Clients must re-apply each grant year.

The vision program is available to PLWHA's who currently reside in one of the 92 of the 95 counties in the state of Tennessee.

Anderson	Bedford	Benton	Bledsoe	Blount	Bradley
Campbell	Cannon	Carroll	Carter	Cheatham	Chester
Claiborne	Clay	Cocke	Coffee	Crockett	Cumberland
Davidson	Decatur	DeKalb	Dickson	Dyer	Fentress
Franklin	Gibson	Giles	Grainger	Greene	Grundy
Hamblen	Hamilton	Hancock	Hardeman	Hardin	Hawkins
Haywood	Henderson	Henry	Hickman	Houston	Humphreys
Jackson	Jefferson	Johnson	Knox	Lake	Lauderdale
Lawrence	Lewis	Lincoln	Loudon	McMinn	McNairy
Macon	Madison	Marion	Marshall	Maury	Meigs
Monroe	Montgomery	Moore	Morgan	Obion	Overton
Perry	Pickett	Polk	Putnam	Rhea	Roane
Robertson	Rutherford	Scott	Sequatchie	Sevier	Smith
Stewart	Sullivan	Sumner	Trousdale	Unico	Union
Van Buren	Warren	Washington	Wayne	Weakley	White
Williamson	Wilson				

CLIENT ELIGIBILITY

In order to access this program, a client must work in conjunction with a Medical Case Manager (MCM).

The following criteria must be met for a client to be eligible for services under the Vision Program for Tennessee

- Provide documentation of clinically testing positive for HIV.
- Be a resident of one of the ninety-two counties within Tennessee as listed above.
- Have a household income that is equal to or less than the currently published federal poverty level for the Ryan White Part B Program.
- Have exhausted any other third-party payment options.
- Be willing to accept vision care services on an outpatient basis only.

CLIENT'S RIGHTS AND RESPONSIBILITIES

Your Rights

- You have the right to confidentiality and privacy regarding you, your HIV positive status, and the vision care services you receive.
- You have the right to be offered and to receive vision care services without discrimination based on age, race, gender, ethnic background, religion, disability, or sexual orientation.
- You have the right to select the vision care provider of your choice from the program's approved provider list. Your Medical Case Manager will provide a list of approved providers.
- You have the right to take an active role in the decisions regarding your eye treatment plan and care.
- You have the right to receive vision care instructions from your provider.
- You have the right to be treated with dignity and respect.
- You have the right to file a grievance if you have concerns about the service or the way that you have been treated. (Any concerns about the vision care provider's staff and/or environment must be addressed directly with the provider via the provider's office policies). See Page 10 for Grievance Procedures.

Your Responsibilities

- You are responsible for contacting your Medical Case Manager, by phone or in person, to determine eligibility for vision care services under Ryan White Part B.

- You are responsible for making your vision care appointment within thirty (30) calendar days of notification that your application has been approved. Failure to do so will result in termination from the program.
- You are responsible for notifying the Lead Agent of the date of your first scheduled appointment.
- You are responsible for notifying your Medical Case Manager within thirty (30) calendar days of any changes in household income, residency, insurance status, and size of your household.
- You are responsible for taking an active role in the decisions regarding your eye health treatment plan and care.
- You are responsible for making and keeping all scheduled appointments.
- You are responsible for the cancellation and/or rescheduling of appointments within 24 hours prior to the appointment.
- You are responsible for signing a Client's Rights and Responsibilities form.
- You are responsible for paying any fee(s) from the optometrist or ophthalmologist that exceeds the program limit of \$250.00 if you choose to have work completed beyond the scope of the Vision program.
- You are responsible for paying any fee(s) from the optometrist or ophthalmologist office that may result from not keeping scheduled appointments.
- You are responsible for treating anyone involved in this program (e.g., Medical Case Manager, UWGN Lead Agency staff, and vision care provider with dignity and respect.
- You are responsible for following up with your vision care provider within 90 days of your approved treatment services. Failure to do so will result in termination from the program.

QUALIFYING SERVICES AND LIMITATIONS

The following criteria must be met for a client to receive services under the Vision program in Tennessee:

- Each potential client must have eligibility determination once a year to participate in the program.
- Based on the availability of funds, the benefit is capped at the level prescribed in the vision care treatment plan submitted by the provider, not to exceed \$250.00. No additional emergency funds will be available under any circumstances.
- You and your optometrist or ophthalmologist should determine the priority of the vision services to be provided should the situation arise where you

need more services than the Lead Agent can approve because of funding limitations and/or the scope of the services.

- Individual fees for eye health care procedures are determined and approved by the Tennessee Department of Health, HIV/STD/Viral Hepatitis Program (TDH)- Ryan White Program in accordance with each applicable Ophthalmologist Services Fee Schedule.
- Ryan White Treatment Modernization Act legislation stipulates that it is payer of last resort. Therefore, any eye care third party payer coverage must be exhausted prior to the client applying to the Ryan White Vision program.
- The amount listed on Ophthalmology Services Fee Schedule is considered payment in full. The vision care provider, as contractually agreed upon, must accept as payment in full the allowable charge for procedures paid for by the Vision program for Tennessee.
 - The fees included in the optometrist or ophthalmologist Services Fee Schedule were developed to include the costs for eye exams; therefore, the client may not be charged for these services.
 - If the Current Procedure Technology (CPT) listed charge for a vision care service provided is lower than the optometrist or Ophthalmologist Services Fee Schedule, reimbursement for service will occur at the lower rate.
- Reimbursement will only be made for services performed.
- Reimbursement will only be made for charges submitted on Vision program Billing Form and billed at the costs established in the Ophthalmological Services Fee Schedule.
- A completion of service document outlining the services completed should be submitted with the invoice.
 - Vision providers must abide by HIPAA regulations as relates to the release of client information.
- Failure to make/keep established appointments may result in your services being forfeited.
- Non-compliance with program guidelines may result in termination from the program.
- Disrespectful treatment of anyone involved in the program may result in termination from the program.

PROCEDURES FOR THE LEAD AGENT

United Way Greater Nashville is funded directly by the Tennessee Department of Health, HIV/STD Program/Viral Hepatitis (TDH)-Ryan White Program B. The Lead Agent will maintain the Vision program in Tennessee in accordance with all

applicable rules and regulations as set forth by the Tennessee Department of Health, HIV/STD Program.

1. The Lead Agent will maintain electronic files and appropriate program documentation of vision care services per HIPAA, Ryan White and HRSA/HAB standards. This documentation may be subject to external audit by any applicable entity. The documentation will include, but is not limited to, progress notes and appropriate eye health care forms.

As such, the Lead Agent will maintain:

- a. Progress notes of any transactions with or on behalf of the client.
- b. The appropriate eye health care forms:
 - i. Ryan White Program Application (PH-3716)
 - ii. Medical Case Manager Referral Form
 - iii. Copy of the paid invoice
 - iv. Billing Form
 - v. Client's Rights and Responsibilities Statement signed by the client.
 - vi. Physician's Referral Form
2. As initial and subsequent services occur, the Lead Agent will maintain client files containing contracts with an optometrist or ophthalmologist, authorizations, billing and documentation of all relevant correspondence for no less than five (5) years.
3. They will be responsible for processing all payments to the vision care providers for services in accordance with established limits per client served.
4. The Lead Agent will confirm approval of the client application received through Ryan White Eligibility System within five (5) business days.
5. When a client is approved for services during a grant year, the Lead Agent will:
 - a. notify the client and the Medical Case Manager of approval.
 - b. send and/or fax an authorization for an examination and for eye wear to be purchased to the optometrist or ophthalmologist.
 - c. Send and/or fax the Physician's referral form to the optometrist or ophthalmologist
 - d. Optometry or ophthalmology providers must submit an invoice within thirty (30) calendar days from the date of service to the Lead Agent or possibly forfeit reimbursement.
 - e. Verify that the invoice and Vision program Billing Form was received from the optometrist or ophthalmologist.
 - f. process bills for payment within thirty (30) calendar days of receipt.
 - g. send service closure letter to the client.

6. The Lead Agent will initiate the contracting process with any new optometrist or ophthalmologist within five (5) business days.
7. The Lead Agent, at the beginning of each grant year, will provide services for clients according to the following priorities:
 - a. clients currently on a waiting list (in the order they were added) from the previous funding year;
 - b. first come, first served (based on the date Lead Agent receiving application from MCM) until funding is exhausted; at that time a waiting list will be established.
8. During the grant year, if a waiting list is established, services will be provided to clients based on order in which they were added (i.e., first come, first served).
9. The Lead Agent will be responsible for the maintenance of the Vision program provider list. The LEAD AGENT is responsible for distributing the provider list to Medical Case Managers annually, and whenever a change occurs, and upon request of the MCM.
10. The Lead Agent will survey recipients of vision services every three years unless it is determined necessary by TDH.

PROCEDURES FOR MEDICAL CASE MANAGERS

Medical Case Managers who are referring clients to the Vision Program of Tennessee must carry out the following procedures:

1. The client requests eye health care services from an approved Medical Case Manager. The approved Medical Case Managers are located at significant points of access to care.
2. The Medical Case Manager will determine the eligibility of a client to receive services through the vision program, consistent with the rules provided by the TDH, Ryan White Part B Program.
 - a. The Medical Case Manager will submit the following forms to the Lead Agent via the ShareFile FTP site:
 - i. Ryan White Medical Services Program – Provider Application (PH-3713).
 - ii. Vision Billing Form
 - iii. Client's Rights and Responsibilities Statement signed by the client.
 - iv. Physician's Referral Form
3. The Medical Case Manager will work to ensure clients choice in selecting vision services.

- a. The Medical Case Manager will discuss with the client the rules, limits and expectations (behavior and financial) of the Vision program.
 - i. Services must be outpatient.
 - ii. Services cannot be cosmetic in nature.
 - iii. Approved services consist only of an examination and fitted spectacle frames
 - iv. Payment for services funded by Part B is limited to an eye exam and fitted spectacle frames with a single lens or fitted spectacle frames with a bifocal lens from the optometrist or ophthalmologist,
 - v. Payment for services is not to exceed \$250. (Services are approved contingent on available funds).
 - vi. Payment for **emergency or surgical** services is **not** funded by Ryan White Part B.
 - vii. If the cost of services exceeds the limit of \$250, the client is responsible for paying any fee(s) from the optometrist or ophthalmologist that exceeds the program limit.
 - viii. If emergency or surgical services are needed, the client is responsible for paying any and all fee(s) associated with the emergency or surgical services.
 - ix. The maximum amount of assistance any client can receive in a given grant year is \$250.00.
 - b. The Medical Case Manager will inform the client that he/she can select an vision care provider from the approved provider list.
 - c. The Medical Case Manager will submit the application and required documentation to the Central Office via Ryan White Eligibility System for processing/approval upon completion with the client regardless of the waiting list status.
 - d. The Medical Case Manager will maintain in the client chart appropriate eye health care program materials and required eligibility documentation per HIPAA, Ryan White Part B and HRSA/HAB standards. This documentation may be subject to external audit by any legally authorized entity.
4. When processing an application, the Medical Case Manager is responsible for providing access to the current provider list and for reviewing it with the client.

PROCEDURES FOR MAINTENANCE OF THE PROVIDER LIST

1. The Lead Agent will be responsible for maintenance of the provider list.

2. The Lead Agent will re-verify licensure status via the above process every six (6) months.
3. During re-verification, if a provider's license is not in good standing the Lead Agent will consult with the Tennessee Department of Health and the Tennessee Association of Optometric Physicians and the provider will be removed from the provider list. The updated provider list will be shared with MCMs.
4. All clients receiving services from the removed provider will select/be reassigned a new provider based on discussions with the Lead Agent.

PROCEDURES FOR EYE CARE PROVIDERS

United Way of Greater Nashville, the Lead Agent, has a contractual relationship with THD to administer the provision of vision services for people living with HIV/AIDS who do not have adequate means to secure and finance vision care. Contracted optometrist or ophthalmologist must carry out the following procedures to ensure reimbursement through the vision program in Tennessee:

1. Vision providers will receive faxed or emailed documentation from the Lead Agent authorizing the appointment to provide an eye care examination and fitted spectacle single lens frames or fitted spectacle bifocal lens frames, if needed, as prescribed by the optometrist or ophthalmologist, contract to provide the client services through the program.
 - a. If a client attempts to initiate services without authorization, the client must be referred back to the Lead Agent before initiating care.
2. The vision care provider should submit all bills on the 10th of each month following the month of billing via the standard Vision program Billing Form.
3. At the very latest, the vision care provider must submit bills via the standard vision care Billing Form within thirty (30) calendar days of the date of service or possibly forfeit reimbursement. Claims must be billed at the costs established in the Ophthalmologist Services Fee Schedule. Bills should be submitted via the ShareFile FTP site to the Lead Agent or mailed to Vision Health Care Program, 250 Venture Circle, Nashville, TN 37228.
4. The vision care Billing form should also include an invoice from the optometrist or ophthalmologist.
5. The LEAD AGENT will make payment on approved charges within thirty (30) calendar days of receipt of bill.

6. If the vision care provider believes that the services will exceed the \$250, the client is responsible for paying any fee(s) from the optometrist or ophthalmologist that exceeds the program limit should the client choose to have those services provided.
7. If an emergency or surgical situation arises, the client is responsible for payment for such services.
8. Vision providers must abide by HIPAA regulations as relates to the release of client information.

GRIEVANCE PROCEDURES FOR VISION PROGRAM

The purpose of the Grievance Procedure is to provide a fair and systematic process that individuals or agencies to express concerns and to establish a reasonable mechanism for resolving problems and complaints.

Grievances or complaints concerning the Vision program of Tennessee should be directed to United Way of Greater Nashville. If the individual is not satisfied with the outcome of the grievance process or the grievance is about the Lead Agent, then it should be directed to the following agency:

Part B

Tennessee Department of Health, HIV/STD, Ryan White Program
at (615) 741-0237

All grievances or complaints will be addressed in a confidential manner within thirty (30) calendar days. Submission of a grievance or complaint implicitly provides your consent for investigation with any related party. However, you may also be asked to provide a written release of information. No reprisal of any kind will be initiated against a client or other party participating in the grievance process.

Eye Care Provider's List

Approved (05/30/2017)

Nashville/Davidson County

Practice Name	Phone	Practice Address	City	State
APRIMA, PLLC	615-535-9787	1002 Pleasant Grove Pl, Suite C	Mt. Juliet	TN
Eagleville Eye Clinic	615-274-2102	355 South Main Street	Eagleville	TN
Shanks Family Eyecare	615-834-8495	412 Elysian Fields RD	Nashville	TN
Berry Farms Eye Care	615-905-8190	40 Moss Lane Suite 110	Franklin	TN
Eye Centers of Tennessee-Cookeville	931-528-1567	768A South Willow Ave.	Cookeville	TN
Eye Centers of Tennessee-Crossville	931-456-2728	15 Iris Lane	Crossville	TN
Eye Centers of Tennessee- Jamestown	931-879-5897	1205 Old Highway 127 South	Jamestown	TN
Eye Centers of Tennessee-McMinnville	931-473-2487	220 North Chancery Street	McMinnville	TN

South Central

Practice Name	Phone	Practice Address	City	State
Advanced Eye Care Clinic	931-359-4373	1250 S. Ellington Pkwy	Lewisburg	TN
Primary Eyecare Group of Columbia	931-388-3604	1227 Hatcher LN	Columbia	TN
Winchester Eye Clinic	931-967-2230	183 Hospital Drive	Winchester	TN
My Eye Doctor	931-381-4911	840 Hatcher Lane	Columbia	TN

Upper Cumberland

Practice Name	Phone	Practice Address	City	State
Eye Care Centers of Tennessee - Sparta	931-836-2424	130 S. Main Street	Sparta	TN

West

Practice Name	Phone	Practice Address	City	State
Camden Eye Care Associates	731-584-7942	264 HWY 641 North	Camden	TN
Medina Eye Clinic	731-783-1100	615 HWY 45 South	Medina	TN
Total Vision, PC	731-968-2020	107 Lexington Plaza	Lexington	TN

East

Practice Name	Phone	Practice Address	City	State
Oak Ridge Vision Center	865-483-3031	1143 Oak Ridge Turnpike Suite 103	Oak Ridge	TN
Blount County Eye Center	865-982-6761	702 South Foothills Plaza Drive	Maryville	TN
Dr. Tammy Holsclaw-Jones, O.D.	423-543-6868	210 Rogosin Drive	Elizabethton	TN
Rogersville Vision Clinic, PLLC	423-272-2020	311 East Main Street	Rogersville	TN
Tapp Optical	865-573-2443	2020 Chapman HWY #1	Knoxville	TN
Center for Sight	865-546-7140	7800 Conner Road	Powell	TN

Southeast

Practice Name	Phone	Practice Address	City	State
My Eye Doctor	423-265-4306	629 Market Street, Suite 115	Chattanooga	TN